

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008271

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1720

STATE FILE NUMBER

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

4758 Alma Av.

Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4758 Alma Av.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

George

Middle

O. Aschermann

Last

4. DATE
OF
DEATH

Month

Feb. 17, 1963

Day

Year

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct 23 1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Cutter Ret.

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Frederick Aschermann

13b. MOTHER'S MAIDEN NAME

Anna Buhr

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Louise Stettes 4758 Alma Av.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Chronic Myocarditis & Mitral Insufficiency

INTERVAL BETWEEN
ONSET AND DEATH

?

Conditions, if any,
which gave rise to
above cause (e),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

4222

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Gangrene of ankle which was also swollen

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 5 62 to Feb 14, 63 and last saw her alive on Feb 14, 63

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O. D. Meyer, M.D.

22b. ADDRESS

6029 S. Kingshighway Bl

22c. DATE SIGNED

2-18-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2-20-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cern.

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Witt Mortuary 6409 Gravois Av.

25. DATE RECD. BY LOCAL REG.

FEB 18 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59

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Dr. Oscar Meyer
6029 S. Kingshighway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Yare M. Seymour

Licensed Embalmer No.

4343

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.